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## TRANSCRIPT

### Women's Health and Sexual Orientation

A physician can improve health outcomes by practicing cultural responsiveness, simply recognizing the terms and assumptions of the patient and avoiding hasty assumptions and stereotypes.

*Music plays over the title and as the narrator, an attractive White woman, appears:*

Narrator: Many physicians feel uncomfortable, or express uncertainty, when interviewing with patients of a different sexual orientation than their own. Physicians frequently make assumptions regarding sexual orientation that can hamper the clinical encounter, or even offend the patient if the assumption is incorrect.

In this vignette, note how the physician creates an environment that is inviting rather than frightening. By paying attention to multicultural communication, the physician can care for the patient effectively and sensitively.

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*Miss Morris, a young, Black female, is waiting nervously in an exam room when Dr. Lee, a middle-aged, Asian female, comes in.*

Dr. Lee: I understand that this is the first time you've been to see us here.

Miss Morris: Yes, ummm, we just moved here a few weeks ago and I figured I better have a doctor here.

Dr. Lee: Oh, well thank you for choosing our clinic.  
*Consults file.*

Oh, I see you are due for a gynecological assessment, and, of course, it's important for every woman to have a Pap smear once a year along with regular check-ups. Let's see...

*Consults file again.*

Hmmm....Mmm-hmmm...

Oh, please forgive the personal questions, but I need to get some information on your medical history... Have you ever been pregnant?

Miss Morris: No... no way!

Dr. Lee: How long has it been since your last pelvic exam or Pap smear?

Miss Morris: Well, actually... I've never had one... I'm sorry.

*The narrator appears.*

Narrator: The patient may not have noticed, but Dr. Lee picked up on a key clue to her patient's needs from the basic patient information form. That clue is only there because the physician's office has made an effort to be sensitive to issues of multicultural communication. Using the term 'spouse/partner' rather than 'husband/wife' on the office's

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screening forms allows the patient to provide information regarding sexual orientation to the physician within the regular patient orientation process without verbally saying so.

Lesbians have both cultural and medical issues specific to their sexual orientation, as do gay men, bisexuals, and transgendered people. By noting that her patient may be a lesbian, Dr. Lee can better target her screenings and counseling to meet her patient's needs because of the patterns and practices that are generally shared by specific populations.

Back in the exam room, the interview has just begun, and Dr. Lee is still getting a handle on the individual needs of her new patient. Dr. Lee is careful not to make hasty assumptions or jump to stereotype conclusions as she uses open-ended questions to elicit the information she needs.

*Cut back to Miss Morris and Dr. Lee in the exam room.*

Dr. Lee: Okay, then, we'll see if we can catch you up on some of these tests and make sure we know what kind of risks you may have.

Miss Morris: Okay. But...umm...I really didn't think that sort of thing would be an issue for me.

Dr. Lee: Well, the purpose of the periodic examination is to pinpoint the risks of certain conditions that you may develop, so I'm going to ask you some general questions to see whether there are any areas of concern. Are you in a steady relationship?

Miss Morris: Sure, I am. Well, we're married, I guess you could say... But...umm...I mean... my partner's in the waiting room, and she... if you need to ask her anything.

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Dr. Lee: I understand.  
You know, Miss Morris, it's really important that you be able to talk to your physician about anything that might affect your health without being afraid that somebody else might find out. We call it physician-patient confidentiality. And what that means is, "don't worry - anything you say remains between us."  
Okay?

Miss Morris: Okay... I appreciate that. You know... it's just a little embarrassing to talk about what you do in private...

Dr. Lee: Oh, sure, sure. I understand completely! All I can say is that our goal is to help you stay healthy.  
So, please tell me, how long have you and your partner been together?

Miss Morris: Oh... almost a year.

Dr. Lee: Mmm-hmmm...  
*Makes a note in the file.*

Okay, here are some more embarrassing questions...  
Are you ever intimate with men?

*The narrator appears.*

Narrator: The issue facing Dr. Lee right now is one often seen with lesbians, and her patient has confirmed it: women, gay or straight, often assume that, if they're not having penetrative intercourse, they don't have to worry about STDs or have regular gynecological exams. However, some risk factors are greater for lesbians than for women as a whole: lesbians are less likely to seek healthcare, both because they are less likely to need birth control or pre-natal care, and because of the discomfort of 'coming out' to a healthcare provider if they're not openly gay;



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lesbians are less likely to have children by age 30, or at all; and, without the benefit of a spouse's health insurance, lesbians tend to be affected more directly by women's lower earning power. All of which are known to contribute to an increased risk of cancer.

*Cut back to Miss Morris and Dr. Lee in the exam room.*

Dr. Lee: Do you and your partner smoke... or use any drugs?

Miss Morris: I used to smoke, but I quit about... ahh, 5 years ago, and now it's just kind of disgusting to me, especially, well... my partner... she smokes like a chimney. Ugh! And she's sick and tired of hearing me talk about it, but she has a two-year-old boy. And... she had - uh - him by... umm... you know... in-... in-vitro?

Dr. Lee: Hmm-hmm.

Miss Morris: And that smoking can't be good for him.

Dr. Lee: Oh, you're right, it isn't. Well, let me ask you, is your partner a patient of ours? Or does she have a family physician?

Miss Morris: No. She asked me to tell her how things went for me today, and she's looking for a doctor for her and her son.

Dr. Lee: Well, if it helps any, tell her that I invited her and her son to come visit us. One of the things we really believe in our practice is that the best way to keep people healthy is to keep their families healthy.

Miss Morris: I appreciate that, I'm sure she would, too.

Dr. Lee: Alright, well, I hope to see both her and her son. If the meantime, let's talk a little bit about your family's diet.

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*The narrator appears.*

Narrator: Let's go back to one point in that last scene, when Dr. Lee implicitly recognized the patient, her partner, and the child as a real family. Families vary widely beyond the nuclear mother, father, and child structure, but that is the structure that is often held up as the standard. Again, it is a small thing to deal with your patients and their families on their own terms. They deserve your respect, no matter what their family structure may look like. Being a respectful family physician builds a feeling of comfort and trust in the physician-patient relationship and bridges cultural gaps so that patients can be cared for effectively.

*Cut back to Miss Morris and Dr. Lee in the exam room.*

Dr. Lee: Well, Miss Morris... the fact is that, simply because you're a woman, you have certain risk factors while the chances are that... one out of every three women will get cancer in her lifetime. So, early detection is crucial and that's why we always recommend that every woman have an annual Pap smear, pelvic exam... and a mammogram.

Miss Morris: I'm sorry... I knew that, but... I didn't think that I had to worry about that until I was – you know – older?

Dr. Lee: Well... It's true that the risk of cancer increases with age. I'm not trying to scare you. At your age, it's normal to feel like you're invulnerable, but all I'm saying is that preventing something is better than having to cure it.

Miss Morris: That makes sense. But, what do you call that, ohhh... What d'you came them? STDs? I mean, I didn't think that would be an issue for us.

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- Dr. Lee: That's right, STD. It's short for 'sexually transmitted disease' and, I'm sorry, but you CAN get them from women, too. I'll give you some materials on what we call safe sex techniques especially for women. Ahh, but first... do you mind if I call in a nurse to help with the exam?
- Miss Morris: What do you need, a chaperone?
- Dr. Lee: No, I don't think that'll be necessary, the examination goes much quicker if we have someone here to help.
- Miss Morris: Oh, okay.

*The narrator appears briefly, but then is heard while Dr. Lee is seen providing Miss. Morris with informational pamphlets.*

- Narrator: Sex is an emotionally charged subject for patients in virtually every culture. When talking to gay or lesbian patients, it can be easy for a heterosexual physician to fall into stereotypes and have awkward conversations. By practicing cultural responsiveness, a physician can improve health outcomes by simply recognizing the terms and assumptions of the patient and using that knowledge to care for the patient as he or she IS, not as you might expect him or her to be.

*The title is displayed.*